MACON HOUSING AUTHORITY – PUBLIC HOUSING – WAITING LIST OPENING

This is to notify the public that Macon Housing Authority will begin accepting pre-applications for Public Housing on Tuesday, July 28, 2026. MHA's Public Housing program has several scattered sites with bedroom sizes ranging from 1-5 bedrooms. Waiting list preference on the waiting list is given to applicants whose head of household is either working, elderly or disabled and receiving benefits, receiving other types of income, and/or homeless. The maximum income limit for the household cannot exceed the HUD-published 80% Area Median Income for Macon-Bibb County. Applicants must be at least 18 years of age, provide proof of age and Social Security numbers for all household members, have an acceptable rental history and pass a criminal background check.

***Request or download a Pre-Applications as follows:**

(1) MHA Website: www.maconhousing.com – *select RAD, "Public Housing"*
(2) Email: Request an application be mailed from: scattersites@maconhousing.com, or
(3) Telephone: 478-752-7852 (Mon-Thurs: 8:30 a.m.– 5:30 p.m., or Fri: 8:30 a.m.– 12:00 p.m.)

***Return the application by:**

(1) Mail: MHA Public Housing, PO Box 4928, Macon, GA 31208, ATTN: S. Morris
(2) Drop Box: Located at Macon Housing Authority, 2015 Felton Avenue, Macon, GA 31201
(3) Email: scattersites@maconhousing.com

***Pre-applications will not be available at the property office. Incomplete or unsigned applications will not be accepted.**

Persons with hearing or speech impairments or limited English proficiency requiring assistance with the application process may call the **Georgia Relay Service at 7-1-1** or go to http://georgiarelay.org. or call **478-752-7852** for assistance. There are units available designed for persons with mobility, hearing, and/or visual impairments. Macon Housing Authority does not discriminate in rental housing and is an Equal Housing Opportunity property dedicated to providing rental housing to all without regard to race, color, religion, sex, disability, familial status, age, national origin, or sexual orientation.

Macon Housing Authority
MAKING HOUSING AFFORDABLE

MACON HOUSING AUTHORITY
2015 FELTON AVENUE
MACON, GA, 31201

FOR MHA USE ONLY
Received by: _____
Date: _____ Time: _____
Application Number: _____

Phone: 478-752-7852 scattersites@maconhousing.com

1. Name and address of head of household

Last name First name Middle initial

Mailing address Apt. # City State Zip

PREFERRED METHOD OF CONTACT (Phone, email, or regular mail)

2. Personal information

Social Security number

Birthdate (MM/dd/yy)

( ) --
Area code Telephone number

3. Sex
☐ Male *
☐ Female *

4. Ethnicity
☐ Hispanic *
☐ Non-Hispanic *

5. Race
☐ Native American *
☐ Pacific Islander *
☐ Alaskan Native *
☐ Asian *
☐ Native American *
☐ Black *
☐ White *
☐ Other: _____ *

*Optional questions. ☐ ☐ ☐

7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories in 4 & 5 above.

#	Relation	Last name	First Name & M. I.	Ethnicity *	Race *	Sex *	Social Sec. No.	Birthdate	Disability *
1									
2									
3									
4									
5									

If you have more than five additional household members, please check here ☐ and list them on a separate piece of paper.

8. Household type: ☐ Family (1or more persons) ☐ Elderly ☐ Family with a person with disability

9. Disability or handicap: (It is not necessary to give us details about your disability or handicap.)
Will any member of the household require a unit having handicap accessible features? ☐ Yes ☐ No

9a. Do you claim any disability or handicap? ☐ Yes ☐ No

9b. Do you need special accommodations to complete the application process? ☐ Yes ☐ No

9c. If yes, what assistance do you request? _____

10. Unit size (# bedrooms) requested: ☐ 1-BR ☐ 2-BR ☐ 3-BR ☐ 4-BR ☐ 5-BR
(Approved unit size will be based on the number of household members, and in accordance with MHA occupancy standards.)

11. Preferences and Needs: (Check all that apply.)
- ☐ I am Elderly, Handicapped or disabled (receiving SSI, SSA or at least 62 years of age)
- ☐ I am retired and receiving a pension or receiving disability payments other than SS/SSI; e.g., VA, RR Retirement, etc.
- ☐ I am working at least 15 hours per week, and have been doing so for more than 120days
- ☐ I receive Unemployment, TANF, Child Support, SSI/SSA for children in household, donations, or working less than 15 hours
- ☐ I am Homeless and have an official certification from an MHA approved referring agency
- ☐ I claim no preference, but would like to remain on waiting list by date and time of application
- ☐ I am an active or retired/honorably discharged member of the military
- ☐ I need a Mobility - handicapped unit
- ☐ I need a Hearing Impairment unit
- ☐ I need a Sight Impairment Unit

12. Assets and income: Provide gross (not net) amounts for all questions.

12a.
- ☐ Checking Bank/Institution _____ Avg. Bal. last 6 mo. $_____ Annual Inc. $_____
- ☐ Savings Bank/Institution _____ Current balance $_____ Annual Inc. $_____
- ☐ CD's Bank/Institution _____ Current balance $_____ Annual Inc. $_____
- ☐ Real Estate Type _____ Value $_____ Mortgage amount $_____ Annual Inc. $_____

12b. **Income source(s):** Check all that apply and indicate gross monthly income.
- ☐ SSA $_____/mo.
- ☐ SSI $_____/mo.
- ☐ TANF $_____/mo.
- ☐ Wages $_____/mo.
- ☐ Pension $_____/mo.
- ☐ Child support $_____/mo.
- ☐ Alimony $_____/mo.
- ☐ Workers Comp. $_____/mo.
- ☐ Bills paid by another $_____/mo.
- ☐ Gifts for support $_____/mo.
- ☐ Other Assistance $_____/mo.

13. Have you ever: (Check either Yes or No on all questions.)

Lived in public housing?	☐ Yes	☐ No	Been convicted of a drug related crime?	☐ Yes	☐ No
Lived in Section 8 housing?	☐ Yes	☐ No	Been required to register as a sex offender?	☐ Yes	☐ No
Been terminated or evicted from subsidized housing?	☐ Yes	☐ No	(If yes, in what state? _____) Had trouble resulting from abuse of alcohol?	☐ Yes	☐ No
Owed money to a housing authority or a Section 8 landlord that is unpaid?	☐ Yes	☐ No	Used a name other than indicated above? (If yes, what name was used? _____)	☐ Yes	☐ No

Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate.

I understand that:
- Having provided any false information will result in cancellation or denial of my application or termination of my housing assist.
- At the time I rise to the top of a waiting list, I will be required to update and verify the information I have provided here.
- Changes occurring after filing this pre-application may affect my qualification for subsidized housing.
- I must keep MHA informed of my current address and phone number, and failure to do so will result in cancellation of my app.

Signature of head of household Date EMAIL ADDRESS

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Macon Housing Authority
MAKING HOUSING AFFORDABLE

PUBLIC HOUSING ADMISSION PREFERENCES:

I. **VIOLENCE AGAINST WOMEN ACT PREFERENCE:**

☐ **Applicant is a current resident at a MHA property and is requesting an Emergency Transfer under VAWA. (Please provide a copy of the VAWA Transfer Request Form).**

II. **WORKING PREFERENCE :**

☐ **Head or Spouse is Elderly (62 or older) or Disabled and is currently receiving Social Security or Supplemental Security Income (SSI) Benefits; or**

☐ **Head or Spouse is working at least 15 hours per week for a minimum of 120 days. (Employment is defined as continuously working with no break of 30 days between jobs; or Self-Employed for at least one year (preference does not include in-home businesses.) or**

☐ **Head or Spouse is receiving other Retirement or Disability Benefits; (e.g., Pensions, VA Benefits, Worker's Compensation, FMLA Benefits, Annuities, RR Retirement, Civil Service Pension, etc.) or**

☐ **Head or Spouse is a Veteran of a branch of the US Military, on active duty, or the spouse of a deceased veteran.**

III. **OTHER INCOME PREFERENCE:**

☐ **Head or Spouse is receiving other income (e.g., TANF, Child Support, Alimony, Regular Contributions and Gifts, Unemployment Benefits, SSI/SSA Benefits for children in the household, OR working less than 120 days.**

IV. **NO PREFERENCE:**

☐ **None of the above – Does not qualify for a Preference and will added to the waiting list by date and time of applications.**

HOMELESS PRIORITY WITHIN EACH PREFERENCE CATEGORY:

☐ **HOUSEHOLD IS CURRENTLY HOMELESS AND LIVING IN A SHELTER.**

Homeless Certification Provided From: _____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY.

HEAD OF HOUSEHOLD SIGNATURE: _____ **DATE:** _____

WARNING! Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

Macon Housing Authority
2015 Felton Ave
Macon, GA 31201

Macon Housing Authority

MAKING HOUSING AFFORDABLE

SCREENING QUESTIONAIRE

Applicant's Name: _____ Current Address: _____

List complete names, addresses, and phone numbers (including area code) of the three previous landlords, beginning with your most recent rental address:

1. Rental Address: _____
   Landlord's Name: _____ Landlord's Phone No.: _____
   Landlord's Address: _____
   City: _____ State: _____ Zip Code: : _____
   Reason for Moving: _____
   Do you owe this landlord any money? ☐ Yes ☐ No If yes, how much? _____

2. Rental Address: _____
   Landlord's Name: _____ Landlord's Phone No.: _____
   Landlord's Address: _____
   City: _____ State: _____ Zip Code: : _____
   Reason for Moving: _____
   Do you owe this landlord any money? ☐ Yes ☐ No If yes, how much? _____

3. Rental Address: _____
   Landlord's Name: _____ Landlord's Phone No.: _____
   Landlord's Address: _____
   City: _____ State: _____ Zip Code: : _____
   Reason for Moving: _____
   Do you owe this landlord any money? ☐ Yes ☐ No If yes, how much? _____

Have you ever been convicted of a felony or misdemeanor, including traffic violations? (Do not include parking violations.)

☐ Yes ☐ No If yes, list date, place, and charge of conviction: _____

Have you or any family member or expected visitors been banned from any Macon Housing Authority properties?

☐ Yes ☐ No If yes, please complete the following:

Name: _____ Relation: _____

Area Barred: _____ Dates: _____

_____ _____

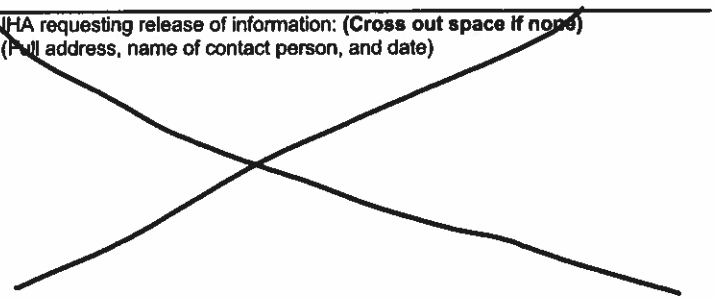
Applicant Signature Date

Rev 11/2014

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	HA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Macon Housing Authority 2015 Felton Ave Macon, GA 31201 Michael T. Austin, CEO	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Macon Housing Authority (D8712) to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

** ALL FIELDS ARE REQUIRED

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID		
LAST	FIRST	MIDDLE

ADDRESS	
STREET	
CITY, STATE ZIP	

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
☐ MALE ☐ FEMALE ☐ UNKNOWN	☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ UNKNOWN		☐ I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☒ This authorization is valid for 180 days from the date of signature.

☐ I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature _____ Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
☒	E – Employment / Volunteer Work / Tenancy
☐	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
☐	N - Working with Elderly – NOT for Volunteer work
☐	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

☐ ORI STAMP REQUSTED

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